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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden

SEC USE ONLY

Prefix

DATE RECEIVED

Name of Offering (check if this is an amendment	nt and name has changed,	and indicate change.)	
Units of Limited Partnership Interests			
Filing Under (Check box(es) that apply): [<u> Rule 504</u> [] <u>Rule 50</u>	05 [X] Rule 506	Section 4(6) NULOE
Type of Filing: [X] New Filing [] Amendment			RECEIVED
Α.	BASIC IDENTIFICAT	ION DATA	// 11 1 4 2003
1. Enter the information requested about the issuer	ŗ		
Name of Issuer (check if this is an amendment and Ryan Labs TIPS Partners, L.P.	name has changed, and it	ndicate change.)	187
Address of Executive Offices (Number and St 45 Broadway Atrium, 21 st Floor, New York, New	reet, City, State, Zip Cod w York 10006	e) Telephone N	Jumber (Including/Area Code) (212) 635-2300
Address of Principal Business Operations (Number (if different from Executive Offices)	er and Street, City, State,	Zip Code) Telephone Ni	umber (Including Area Code)
Brief Description of Business			
Private investment fund.			
Type of Business Organization			PROCESSE
[] corporation [] limited partn	ership, already formed	[] other (please special	
[] business trust [X] limited part	nership, to be formed		JUL 16 2003
	Month Year		THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization:	[06] [03]	[X].	Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Ente	er two-letter U.S. Postal S mada; FN for other foreig		
CENERAL INSTRUCTIONS			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that-address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption.

Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [X] General Partner
Full Name (Last name first, if individual) Ryan Labs Fund Management, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Broadway Atrium, 21st Floor, New York, NY 10006
Check Box(es) that Apply: [] Promoter [] Beneficial Owner [X] Executive Officer [] Director [] General and/or Managing Partner
Full Name (Last name first, if individual) Ronald J. Ryan, President of General Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Broadway Atrium, 21st Floor, New York, NY 10006
Check Box(es) that [] Promoter [] Beneficial [] Executive Officer [] Director [] Member of Board of Apply: Managers
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that [] Promoter [] Beneficial [] Executive Officer [] Director [] Member of Board of Apply: Owner Managers
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:	[]	Promoter	Ð	Beneficial Owner	Ü	Executive Officer		Director		Member of Board of Managers
Full Name (Last name	ACT. LOCATION STREET,	AND COMPANY OF THE PARKS OF THE	, Land Lappane					Bad Di		
Business or Residence	Addre	ss (Number	and S	Street, City, S	tate, Z	ip Code)	131	124.5	143.	
Check Box(es) that Apply:	[]	Promoter	[Beneficial Owner	. []	Executive Officer	[]	Director	[]	Member of Board of Managers
Full Name (Last name	e first,	if individual	l)	<u>-</u>			, "			
Business or Residence	Addres	ss (Number	and S	Street, City, S	tate, Z	(ip Code)			-	
Check Box(es) that Apply:				Beneficial Owner		Executive Officer		: Director		Member of Board of Managers
Full Name (Last name	tust,	if individual)							
Business or Residence	Addres	s (Number	and S	Street, City, St	tate, Z	ip Code)			M. F	
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[]	Director	[]	Member of Board of Managers
Full Name (Last name	first, i	if individual)			,				
Business or Residence	Addres	ss (Number a	and S	treet, City, St	ate, Z	ip Code)				
Check Box(es) that Apply:	4 9 Company 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Promoter	[.]	Beneficial Owner		Executive Officer		Director		Member of Board of Managers
Full Name (Last name	first, i	f individual)	1541	i Pi				94	
Business or Residence	Addre	ess (Number	and	Street, City, S	State, 2	Zip Code)	14	15. 1. 11. 11. 15. 1. 11. 11. 15. 15. 15. 15. 15.		
Check Box(es) that Apply:	[]	Promoter	[]	Beneficial Owner	[]	Executive Officer	[]	Director	[·]	Member of Board of Managers
Full Name (Last name	first, i	f individual))			,				
Business or Residence 2	Addres	s (Number a	nd S	treet, City, St	ate, Zi	p Code)				
Check Box(es) that Apply:		Promoter		Beneficial Owner	IJ E	Executive Officer	[-]	Director		Member of Board of A
Full Name (Last name	first, i	f individual)	1							
Business or Residence	Addre	ess (Number	and S	Street, City, S	tate, Z	Zip Code)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 (2) (4) (4) (4) (4)			M	*	B.INF	ORMAT	TON AB	OUT OF	FERING				
1. Has	the issue	r sold, or	does the	issuer int	end to sel	l, to non-	accredite	d investo	rs in this o	offering?.		Yes	No [X]
Answe	r also in A	Appendix	, Column	2, if filir	ng under V	ULOE.							
2. Wha	at is the m	iinimum i	nvestmer	nt that wil	ll be acce	pted from	any indi	vidual?				\$ 100,0	00
3. Doe	s the offe	ring pern	nit joint o	wnership	of a sing	le unit?						Yes [X]	No []
indirect securit register person	tly, any c ies in the red with t	ommissic offering. he SEC a ted are as	on or simi If a perso and/or wit ssociated	lar remui on to be l h a state	neration for isted is an or states,	or solicita associat list the na	een or will ation of pu ed person ame of the dealer, yo	urchasers or agent broker o	in connection of a broker or dealer.	ction with er or deal If more th	sales of er nan five (5))	
Full Na	ame (Last	name fir	st, if indiv	vidual)									
Busin	ess or Re	sidence A	Address (1	Number a	nd Street	, City, Sta	ate, Zip C	ode)					
Nome	of Assoc	rioted Pro	ker or De	aalar						<u> </u>		·	
Name	OI ASSOC	lated DIC	oker or De	caici		e.							
States	in Which	n Person l	Listed Ha	s Solicite	ed or Inter	nds to So	licit Purch	nasers				<u> </u>	
(Check [AL] [IL] [MT]	: "All Stat [AK] [IN] [NE]	es" or ch [AZ] [IA] [NV]	eck indiv [AR] [KS] [NH]	idual Stat [CA] [KY] [NJ]	tes) [CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[] [GA] [MN] [OK]	All States [HI] [MS] [OR]	[ID] [MO] [PA]	
[RI]	[SC]	[SD]	_[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[wɪ]	[WY]	[PR]	
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	of Assoc				d or later	de to Sol	icit Purch	oosers.				6.7	
States	III, WINCI	Treison.	JISICU ITA										
(Check	"All Stat	es" or che	eck indivi	idual Stat	es)						All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO] -	[ĊT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]	
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]-	[MA]	[MI]	[MN]	[MS] :	[MO]-	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM] -	[NY]_	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	TSC1	[SD]	[TN] .	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and total amount already sold. Enter "0" if answer is "none" or "zero." If transaction is an exchange offering, check this box " and indicate in the columbelow the amounts of the securities offered for exchange and already exchanged	the nns	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 0	\$ 0
Equity	\$	\$ 0
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 1,000,000,000	\$ 0
Other (Specify:).	\$ 0	\$ 0
Total	\$ 1,000,000,000	\$ 0
Answer also in Appendix, Column 3, if filing under ULOE.		
purchases. For offerings under Rule 504, indicate the number of persons who has purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$ 15,000,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Dominton A		¢.

Rule 504	\$
Total	\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	
Transfer Agent's Fees	[] \$
Printing and Engraving Costs	[] \$
Legal Fees	[X]\$35,000
Accounting Fees	[] \$
Engineering Fees	[] \$
Sales Commissions (specify finders' fees separately)	[] \$
Other Expenses (identify)	[]
Total	[X]\$35,000
b. Enter the difference between the aggregate offering price given in response to Part C total expenses furnished in response to Part C – Question 4.a. This difference is the "a proceeds to the issuer."	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propoused for each of the purposes shown. If the amount for any purpose is not known, furniestimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b.s.	nish an must equal
	Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	[]\$ []\$
D 1 . C 1	
Purchase of real estate	[]\$ []\$
Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment	[]\$ []\$
Purchase, rental or leasing and installation of machinery	

Total Payments Listed (column totals added)	[X] \$ 35,000		
Column Totals	[]\$	[] \$	
	[]\$	[]\$	
Other (specify): Bond Investment Fund Activities	[]\$	[X] \$999,965,000	
Working capital	[]\$	[]\$	
Repayment of indebtedness	[]\$	[]\$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$	

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under, <u>Rule 505</u> the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Ryan Labs TIPS Partners, L.P.	Guld of ga	June 26, 2003
By: Ryan Labs Fund Management, LLC, its General Partner	1	
By: Ronald J. Ryan, President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

intentional inisstatements of omissions of fact constitute federal eliminal violations. (See	10 0.0	
E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	[]	[X]
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Ryan Labs TIPS Partners, L.P.	0 100	June 26, 2003
By: Ryan Labs Fund Management, LLC, its General Partner	Gred & Gga	
Name of Signer (Print or Type) Ronald J. Ryan	Title (Print or Type) President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2 d to sell	Type of security and aggregate offering price	4 Type of investor and			5 Disqualification under State ULOE (if yes, attach explanation of				
<u> </u>		rs in State 3-Item 1)	offered in state (Part C-Item 1)	ā	amount purch: (Part C-l	ased in State Item 2)			waiver granted) (Part E-Item 1)		
State	Yes	No	Units of LP Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AL		X	0						X		
AK		X	0						X		
ΑZ		X	0						X		
AR		X	0						X		
CA		X	0						X		
СО		X	0						X		
СТ		X	0						X		
DE		X	0					_	X		
DC		X	0						X		
FL_		X	0						X		
GA		X	0						X		
ні		X	0						X		
ID		X	0						X		
IL		X	0						X		
ĪΝ		X	0						X		
IA		X	0						X		
KS		X	0						X		
KY		X	0						_X		
LA		X	00						X		
ME		X	0	· · · · · · · · · · · · · · · · · · ·					X		
MD		X	0		,				X		
MA		X	0						X		
MI		X	0						X		
MN		X	0						X		

			T	Γ				T	
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Units of LP Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS		X	\$15,000,000	1	\$15,000,000	0	0		X
МО		X	0				-		X
МТ		X	0					<u></u>	X
NE		X	0						X
NV		X	0						X
NH		X	0						X
NJ		X	0						X
NM		X	0						X
NY		X	0						X
NC		X	0						X
ND		X	0						X
ОН		X	0						X
ОК		X	0		:				X
OR		X	0						X
PA		X	0						X
RI		X	0				·		X
SC		X	0						X
SD		X	0						X
TN		X	0						X
TX		X	0						X
UT		X	0						X
VT		X	0						X
VA		X	0						X
WA		X	0						X
wv		X	0						X
wı		X	0		·				X
WY		X	0						X

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